

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEGACY HEIGHTS SENIOR LIVING COMMUNIT

11230 BALLANTYNE TRACE COURT
CHARLOTTE, NC 28277

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on June 22 2016. Records indicate this facility was first licensed or submitted on 08/16/2014 as a Home for the Aged. Based on this information we are requiring the facilities to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations" and the applicable portions of the 2005 Rules for Adult Care Homes. The facility must also meet the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Institutional - Unrestrained Occupancy. Deficiencies were noted which require a Plan of Correction.	C 000	CONSTRUCTION SECTION SEP 09 2016 RECEIVED	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on June 22, 2016: a. 1st Floor "A" Bath - there were no hand grip for the tub.	C 133	C133 - Hand grips were installed on A Hall and C Hall tubs. All other tubs were checked and grips were installed if needed. The Maintenance Director and/or Designee will monitor the hand grips monthly to assure continued compliance. The findings of these audits will be reported to the Quality Assurance Committee monthly.	9/6/16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wale Ann Putnam

Executive Director

9/5/16

STATE FORM

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ZUOE21

If continuation sheet 1 of 12

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C 133	Continued From page 1 b. 1st Floor "C" Bath - there were no hand grip for the tub.	C 133		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings kept clean and in good repair. Findings on June 22, 2016: a. 1st Floor Living Room - the ceiling was stained at the change of levels. b. SCU "D" Hall Bathroom - there was a strong urine odor that persisted during the Construction Survey. c. SCU "A" Hall Ext Corridor - the sheet vinyl was curling up at the door the Furnace Room.	C 164	C164 - The ceiling of the 1st floor living room has been painted. All ceilings have been checked for stains. The urine odor in SCU D hall bathroom was corrected with drain cleaning. All other bathrooms were checked for urine odors. The sheet vinyl at the door to the furnace room was repaired. All other sheet vinyl was checked to assure there were no deficient areas found. The Maintenance Director and/or Designee will monitor the ceilings, bathroom drains and floor vinyl monthly to assure these areas remain in compliance. The findings of these audits will be reported to the Quality Assurance Committee monthly.	9/6/16
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing	C 166	C166 - 1st floor A hall Café grille and damper has been cleaned. All other grilles and dampers have been checked for compliance. Vacuum breakers are installed on 2nd floor A hall bathroom specialty tub and SCU B hall shower room. All other tubs and showers were checked for appropriate hose length and vacuum breakers. The Maintenance Director and/or Designee will monitor the hoses and vacuum breakers quarterly and the dampers grills	9/6/16

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C 166	Continued From page 2 facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner, free of all obstructions and hazards Findings on June 22, 2016: a. 1st Floor "A" Hall Café - the HVAC return grille and its radiation damper had an excessive accumulation of dust/lint. This dust/lint may interfere with a timely response and the complete closing of the damper. 2. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on June 22, 2016: a. 2nd Floor "A" Hall Bathroom - the specialty tub had a hose long enough to reach into the gray water, but appear not to have vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. b. 1st SCU "B" Hall Shower Room - the shower had a hose long enough to reach into the gray water, and had no vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 166	and vents monthly to assure continued compliance and report the findings of these audits to the Quality Assurance Committee quarterly.		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a	C 184	C184 - The portable fire extinguisher on 1st floor C hall furnace room was replaced. All other portable fire extinguishers were checked for compliance. The Maintenance Director and/or Designee will continue to monitor all portable fire extinguishers monthly to assure continued compliance and report the findings to the Quality Assurance Committee monthly.	9/6/16	

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C 184	Continued From page 3 central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on June 22, 2016: a. 1st Floor "C" Hall Furnace Room - the portable fire extinguisher gauge indicated recharging was needed.	C 184			
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on June 22, 2016:	C 189	C189 - #1. -Escutcheon plates were replaced for SCU C Exit Corridor, SCU C Bedroom C2, 2nd floor D hall outside furnace room, SCU E hall restroom, SCU E hall den storage room, SCU bedroom F5, SCU Dining on DEF side and SCU therapy room. All other areas were checked to	9/6/16	

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C 189	<p>Continued From page 4</p> <p>a. SCU "C" Exit Corridor- the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling.</p> <p>b. SCU "C" Bedroom C2- the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling.</p> <p>c. 2nd Floor "D" Hall outside Furnace Room - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction.</p> <p>d. SCU "E" Hall Restroom - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction.</p> <p>e. SCU "E" Hall Den Storage Room - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction.</p> <p>f. SCU Bedroom F5 - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction.</p> <p>g. SCU Dining on the "D" "E" & "F" side.- the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction.</p> <p>h. SCU Therapy- the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction.</p> <p>2. Based on observations, the fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to smoke/fire if not contained in Room or compartment of origin Findings on June 22, 2016: a. 1st Floor "A" Hall Furnace Room - there was a large PVC vent not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p>	C 189	<p>assure escutcheon plates are in place and fitting appropriately. The Maintenance Director and/or Designee will monitor all escutcheon plates monthly to assure continued compliance and report these findings to the Quality Assurance Committee monthly.</p> <p>C189 #2 - The PVC vent on 1st floor A hall furnace room was sealed with firestop. The SCU C hall furnace room PVC vents were sealed with firestop. All other furnace rooms and storage areas were checked for compliance. The Maintenance Director and/or Designee will monitor the presence/absence of firestop monthly and after any future work done that could possibly penetrate the ceilings and</p>	9/6/16

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C 189	Continued From page 5 b. SCU "C" Hall Furnace Room - there were two large PVC vent not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. c. SCU "C" Hall Furnace Room - there were two large PVC vent not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke 3. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on June 22, 2016: a. 1st Floor "A" Hall Smoke Barrier Wall near Cafe - the smoke seals between the two leafs on the cross-corridor door had deteriorated, which allows the passage of smoke. 4. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on June 22, 2016: a. 1st Floor "A" Hall Sales Office Furnace Closet - the sample tubes for the HVAC duct mounted smoke detectors were dirty, and may not detect the existence of smoke in the air stream. 5. Based on Observation, fire-resistance-rated construction was not being maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on June 22, 2016: a. 1st Floor "A" Hall Soiled Linen - the fire-resistance-rated corridor door was missing its closure arm, not allowing the door to self-close and latch. An open door will allow the passage of fire and smoke.	C 189	allow smoke and fire to spread. The findings from these audits will be reported to the Quality Assurance Committee quarterly. C189 #3 - The smoke seals on the cross-corridor doors at 1st floor A hall near the Cafe have been replaced. All other cross-corridor doors have been checked for compliance. The Maintenance Director and/or Designee will check all cross-corridor doors monthly to assure continued compliance. The findings of these audits will be reported to the Quality Assurance Committee monthly. C189 #4 - The sample tubes for the HVAC duct mounted smoke detectors on 1st floor hall in sales office closet have been cleaned. All other HVAC duct mounted smoke detectors have been checked for compliance. The Maintenance Director and/or Designee will monitor all HVAC duct mounted smoke detectors monthly for continued compliance and report the findings to the Quality Assurance Committee quarterly. C189 #5 - The fire-resistance-rated corridor door closure arm has been replaced for 1st floor A hall soiled linen and SCU D hall housekeeping closet to allow the door to self-close. The penetrations of the fire-resistance rated wall construction have been firestopped on the 1st floor soiled linen areas on A, B and C halls. Firestop has also been installed on the 1st floor fire alarm room, 2nd floor E hall soiled linen room and SCU D hall housekeeping. The penetrations on SCU E hall near the den and the	9/6/16 9/6/16 9/6/16

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C 189	Continued From page 6 b. 1st Floor "A" Hall Soiled Linen - the fire-resistance-rated wall construction was penetrated with two plastic tubes, one in a PVC sleeve, but both are not firestopped. These openings will allow the passage of fire and smoke. c. 1st Floor "B" Hall Soiled Linen - the fire-resistance-rated wall construction was penetrated with two plastic tubes, one in a PVC sleeve, but both are not firestopped. These openings will allow the passage of fire and smoke. d. 1st Floor "C" Hall Soiled Linen - the fire-resistance-rated wall construction was penetrated with two plastic tubes, one in a PVC sleeve, but both are not firestopped. These openings will allow the passage of fire and smoke. e. 1st Floor Service Hall Housekeeping - there were 2 penetration sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. f. 1st Floor Fire Alarm Room - there were 4 penetration sealed with orange foam. This orange foam is not approved for penetrations through fire-resistance-rated construction. g. 1st Floor Fire Alarm Room - there was an open ended metal sleeve penetration the fire-resistance-rated ceiling construction not properly firestopped. This opening will allow the passage of fire and smoke. h. 2nd Floor "Therapy - the fire-resistance-rated ceiling construction was penetrated by a hole that extends out from under the exit sign base. These openings will allow the passage of fire and smoke. i. SCU "E" Hall near Den - the fire-resistance-rated ceiling construction was penetrated with hold that extends out from under the exit sing base. These openings will allow the	C 189	2nd floor therapy room have been corrected. The 1st floor fire alarm room and the 1st floor service hall housekeeping areas are now firestopped. The SCU Elec/Fire alarm room and the SCU sprinkler riser room penetrations have now been firestopped. All other areas have been checked to assure compliance. The Maintenance Director and/or Designee will monitor the presence/absence of firestop and door closures monthly and after any future work done that could possibly penetrate the ceilings and allow smoke and fire to spread. The findings from these audits will be reported to the Quality Assurance Committee quarterly.		

Division of Health Service Regulation

STATE FORM

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ZUOE21

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C 189	<p>Continued From page 7</p> <p>passage of fire and smoke</p> <p>j. 2nd Floor "E" Hall Solled Linen - the fire-resistance-rated wall construction was penetrated with two plastic tubes, one in a PVC sleeve, but both are not firestopped. These openings will allow the passage of fire and smoke.</p> <p>k. SCU "D" Hall Housekeeping - the fire-resistance-rated corridor door was missing its closure, not allowing the door to self-close and latch. An open door will allow the passage of fire and smoke</p> <p>l. SCU Elec/Fire Alarm Room - the fire-resistance-rated ceiling construction was penetrated with one 3/4 inch EMT open ended conduit, and one 1 inch hole with cable, both are not firestopped. These openings will allow the passage of fire and smoke.</p> <p>m. SCU Sprinkler Riser Room - the fire-resistance-rated ceiling construction was penetrated with two copper pipes with gap around them, both are not firestopped. These openings will allow the passage of fire and smoke.</p> <p>6. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on June 22, 2016:</p> <p>a. 1st Floor "A" Hall Stair Tower Entrance - the exit sign did not work on backup power when tested.</p> <p>b. 1st Floor "C" Hall Stair Tower Entrance - the exit sign did not work on backup power when tested.</p> <p>c. 1st Floor Service Hall to "B" Hall - the exit sign had a chevron graphic directing you to the right, but you must exit straight.</p>	C 189	<p>C189 #6 - The Exit signs on 1st floor service hall to B hall and in the SCU D hall near D1 were adjusted so the chevron points in the appropriate direction. Backup power is in place for the exit signs at 1st floor C hall stair tower entrance, 1st floor A hall stair tower entrance and 2nd floor at elevator. In the SCU the exit signs have back up power at ABC dining side, B hall exit corridor, B hall near bedroom B1, A hall near Bedroom A1, A hall near bedroom A4 and A hall near bedroom A7. The wall mounted self-contained emergency light has back up power. All exit signs have been checked to assure they are pointing in the right direction. All exit signs have been checked to assure they have back-up power</p>	9/6/16

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C 189	<p>Continued From page 8</p> <p>d. 2nd Floor Serving at Elevator - the exit sign did not work on backup power when tested.</p> <p>e. 2nd Floor near Bedroom E8 - the wall-mounted self-contained emergency light did not work on backup power when tested.</p> <p>f. SCU Dining on the "A" "B" & "C" side - the exit sign did not work on backup power when tested.</p> <p>g. SCU "B" Hall Exit Corridor - the exit sign did not work on backup power when tested.</p> <p>h. SCU "B" Hall near Bedroom B1 - the exit sign did not work on backup power when tested.</p> <p>i. SCU "A" Hall near Bedroom A1 - both exit sign did not work on backup power when tested.</p> <p>j. SCU "A" Hall near Bedroom A4 - the exit sign did not work on backup power when tested.</p> <p>k. SCU "A" Hall near Bedroom A7 - the exit sign did not work on backup power when tested.</p> <p>l. SCU "D" Hall near D1 - the exit sign had a chevron graphic directing you to the right, but you must exit straight.</p> <p>7. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on June 22, 2016:</p> <p>a. 1st Floor "B" Service Room- the corridor door closes but did not latch into its frames, which allows the passage of smoke.</p> <p>b. 1st Floor "B" Hall Bedroom B10 - the corridor door closes but did not latch into its frames, which allows the passage of smoke.</p> <p>c. 1st Floor "C" Hall Bedroom C2 - the corridor door closes but did not latch into its frames, which allows the passage of smoke.</p> <p>d. 1st Floor "C" Hall Shower Room- without applying extra force, the corridor door hits its frame, preventing it from closing thus latching, which allows the passage of smoke.</p> <p>e. 1st Floor Kitchen Door on Service Hall- without applying extra force, the corridor door hits</p>	C 189	<p>and all wall mounted self-contained emergency lights have been checked to assure they have back-up power. The Maintenance Director and/or Designee will monitor all exit signs and wall mounted emergency lights monthly for continued compliance. The results of these audits will be reported to the Quality Assurance Committee monthly.</p> <p>C189 #7 - 1st floor B service room, 1st floor B hall bedroom B10, 1st floor C hall bedroom C2 have been adjusted to latch. 1st floor C hall shower room has been repaired so it doesn't hit the frame. 1st floor kitchen door in the service hall has been adjusted so it doesn't hit the frame. SCU E hall bedroom E8 has been adjusted to latch and close. All doors have been checked to assure appropriate closure and latching. The Maintenance Director and/or Designee will monitor all doors monthly to assure continued compliance and report these findings to the Quality Assurance Committee every month.</p>	9/6/16	

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C 189	Continued From page 10 maintenance of the commercial kitchen hood's fire extinguishing system in March 2016, there has been no record keeping of the monthly inspections. b. SCU Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2016, there has been no record keeping of the monthly inspections	C 189	extinguishers monthly to assure continued compliance and report their findings to the Quality Assurance Committee every month.	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of unvented fuel burning room heater(s) portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on June 22, 2016: a. 1st Floor "C" Hall Bedroom C7 - a prohibited portable space electric heater was found in this room.	C 191	C191 - The space heater in room C7 has been removed. All rooms were checked to assure there were no other space heaters present. The Maintenance Director and/or Designee will monitor all resident rooms monthly for continued compliance and report their findings to the Quality Assurance Committee every month.	9/6/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/22/2016
NAME OF PROVIDER OR SUPPLIER LEGACY HEIGHTS SENIOR LIVING COMMUNIT			STREET ADDRESS, CITY, STATE, ZIP CODE 11230 BALLANTYNE TRACE COURT CHARLOTTE, NC 28277		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 199	Continued From page 11	C 199			
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. Findings on June 22, 2016: a. 2nd Floor Housekeeping - there was no exhaust ventilation system and odors were present. b. SCU Bio Hazard Room - there was no exhaust ventilation system and odors were present	C 199 C 199	C199 - Ventilation systems are installed in the 2nd floor housekeeping area and the SCU Bio Hazard Room. All other areas were checked for compliance. The Maintenance Director and/or Designee will continue to monitor for any areas in the future that would require ventilation and	9/6/16	